

**SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

***Food Sanitation Division***

**332 W. Commerce Street, Suite 101**

**San Antonio, Texas 78205 (210) 207-8853**



**REQUEST FOR UNLICENSED/UNREGULATED CUSTODIAL CARE INSPECTIONS**  
**OR OTHER MISCELLANEOUS INSPECTIONS**

DATE: \_\_\_\_\_ ( ) CITY ( ) COUNTY REQUEST # \_\_\_\_\_

NAME OF APPLICANT/ESTABLISHMENT: \_\_\_\_\_

ADDRESS OF INSPECTION REQUEST: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF INSPECTION REQUEST: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ PHONE # \_\_\_\_\_

Alternate PHONE # \_\_\_\_\_

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**FOR OFFICE USE ONLY**

FEE: \$46.35 each

INDEX CODE: 014456

PAID: ( ) Cash ( ) Check # \_\_\_\_\_ ( ) Money Order # \_\_\_\_\_

Clerk: \_\_\_\_\_ Dist. Referred To: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ ( ) Approved ( ) Disapproved

Fsd045 (Rev. 10/01/05)

